

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street, Room 1130
Sacramento, CA 95814
Telephone: (916) 323-5079

WEBSITE ADDRESS:
<http://caag.state.ca.us/charities/>

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

2000 ANNUAL FINANCIAL REPORT (California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1 (Recently enacted).

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fundraiser:

CF Number 1015
Edge Teleservices, LLC
Name of Commercial Fundraiser
350 W. Arden Avenue, #101

Address of Commercial Fundraiser
Glendale CA 91203

City, State, and ZIP Code of Commercial Fundraiser
Telemarketing 10/15/2001
(Type of Activity) held (on) (from) 2001, to 2001
(Date or dates must be shown)

Name and Address of Charitable Organization or Charitable Purposes:

CT No. 65506 F.E.I.N. No. 94-3001359
California State University, Sacramento, Trust
Name of Charity
6000 J street Adm. 272

Address of Charity
Sacramento, CA 95819-6038

City, State, and ZIP Code of Charity
1/25/2002
(Date or dates must be shown)

1. REVENUE (Pledges)
 - A. Cash contributions
 - B. Entertainment sales or admission charges
 - C. Sales from products
 - D. Advertisement sales
 - E. Membership fees
 - F. Other sources: (Specify)
 - a. _____
 - b. _____
 - c. _____
 - d. _____

G. TOTAL REVENUE

- A. \$ 5940.-
- B. _____
- C. _____
- D. _____
- E. _____
- Fa. _____
- Fb. _____
- Fc. _____
- Fd. _____

\$ 5940.- G.

2. EXPENSES
 - A. Fees or commissions
 - B. Salaries
 - C. Payroll taxes
 - D. Employee benefits
 - E. Cost of merchandise for resale
 - F. Cost of entertainment
 - G. Postage
 - H. Advertising
 - I. Telephone
 - J. Rental of equipment
 - K. Facilities charge
 - L. Permits
 - M. Other expenses: (Specify)
 - a. Per Contract
 - b. _____
 - c. _____
 - d. _____

N. TOTALEXPENSES

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____
- L. _____
- Ma. \$ 15,006.-
- Mb. _____
- Mc. _____
- Md. _____

\$ 15,006.- N.
\$ 9,066.- 3.

3. Distribution or net to charitable organization or charitable purposes

4. (a) Is any officer, director, partner or owner of the Commercial Fundraiser in any way affiliated with or control, directly or indirectly, the charitable organization for which the Commercial Fundraiser has contracted to solicit?
☒ Yes ☒ No If "yes," complete the following:

Name of officer, director, partner or owner of Commercial Fundraiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

(b) For each affiliation identified in 4(a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge, correct and complete.

Fundraiser) Printed Name Title Date
of the charitable organization for verifying the distribution.
Robert Jones, Executive Officer, CSUSTRUST Foundation 3/22/02

Printed Name Title Date
Edward del Biaggio, Treasurer, CSUSTRUST Foundation 3/22/02

RECEIVED
APR 05 2002
Attorney General's
Registry of Charitable Trusts

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